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Public Health Services

IN MONTANA

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Organization and Functions
of
County or District Health Units

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Helena, Montana

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PUBLIC HEALTH SERVICES IN MONTANA

INTRODUCTION

The conservation of public health has long been recognized as one of the essential functions of government. Public health is not only concerned with the prevention of disease and accidents, but is equally concerned with the promotion of better health for every individual.

It is becoming increasingly apparent that if local units of population are to enjoy maximum health benefits, it is essential that they have access to those services which are made available through the employment of trained full-time public health personnel.

Dr. Haven Emerson in summarizing the report of the American Public Health Association Committee on Local Health Units for the Nation has stated, "In many areas local public health officials are traveling by covered wagon while the world already is in a B-29 era."

That the desirability and need for such services are recognized by the American Medical Association, is shown by the adoption of the following resolution by its House of Delegates on June 10, 1942.

"WHEREAS, a major inadequacy in the civilian health protection in war as in peace time exists consequent upon the failure of many states and of not less than half the counties in the states to provide even minimum necessary sanitary and other preventive services for health by full-time professionally trained medical and auxiliary personnel on a merit system basis, supported by adequate tax funds from local and state, and, where necessary, from federal sources; therefore be it

"RESOLVED, that the Trustees of the American Medical Association be urged to use all appropriate resources and influences of the Association to the end that at the earliest possible date complete coverage of the nation's area and population by local, county, district or regional full-time modern health services be achieved."

In most of the mountain states, not many counties have sufficient population to maintain the necessary personnel for a full-time unit, and it is therefore more economical for two or more counties to unite and form a district health unit. This type of health jurisdiction was not possible under the laws of Montana until the Legislative Session of 1945 passed the bill ¹ providing for the organization of such county or district health units, and for such boards of health, and providing for trained personnel.

It has been clearly demonstrated that only through well organized community effort can the citizens of that community enjoy and profit

(1) Chapter 171—Laws of Montana 1945—page 386.

by the benefits offered through public health services. These services must be rendered by those with special training who understand the problems and know what to do about them. The local or district health unit is the medium through which modern, organized public health services are rendered.

ORGANIZATION AND FUNCTIONS OF COUNTY OR DISTRICT HEALTH UNITS

Public health has been defined as, "The application to human affairs of the scientific principles of hygiene and sanitation." Hygiene is that science which applies to the health problems of the individual, while sanitation is the science which applies to community or environmental health problems. Public health services cannot be effectively rendered except through an organized Health Unit.

The minimum personnel employed in a District or County Health Unit would be a full-time medical health officer, a sanitarian, one or more public health nurses, depending on population and area served, and a clerk. The minimum nursing personnel necessary for good work in any community provides for one nurse to serve a population of 2,000 to 3,000 in the rural areas and 5,000 in urban areas. All personnel employed would have to meet requirements as to training and experience as provided under the Montana Joint Merit System.²

The Board of Health would consist of five members in a full-time county health department and seven members in a district health department. This board would prepare and adopt a budget for the operation of such a department, to be paid from the general fund and other contributing sources, or by special assessment.

In order that there may be a clearer understanding of what the services rendered by a Health Unit should be, a brief summary is given of the essential functions that are necessary if a well-rounded program of public health is maintained:

- Vital Statistics
- Communicable Disease Control
- Maternal, Infant and Child Health (including school health services)
- Industrial Hygiene
- Sanitation
- Public Health Dentistry
- Public Health Education.

Vital Statistics: Accurate Vital Statistics furnish the basic foundation for the economic as well as social bookkeeping of the community. Records of births and deaths provide the information from which the health unit learns what is happening to the population of the community. How many babies are born each year? How many of these are born alive? How many persons die each year, at what age and from what causes? How many of these deaths might have been prevented?

(2) Montana Joint Merit System, Granite Block, Helena, Montana

Birth and death records are most important to each individual in the community and are necessary in connection with inheritance of property, collection of insurance, age for school attendance, employment, voting, military service and citizenship.

The statistical information compiled from these records enables the Health Officer to know, and also present to his people, the advantages or disadvantages of their community as a desirable place in which to live and raise a family as compared with other similar areas. This information gives the Health Officer the basis for planning the program to meet the needs of the community.

Communicable Disease Control: This covers those activities carried on in the community for the prevention of spread of those diseases which may be transmitted from man or animals to other persons. This includes diseases such as typhoid, diphtheria, whooping cough, smallpox, tuberculosis and venereal disease. Some of these diseases can be practically eradicated and others can be reduced to a minimum. Communicable disease control is one of the oldest functions of a health department and it is the legal responsibility as well as the moral duty of the Health Officer to protect the community against such infections.

Control methods include prevention through vaccination and immunization programs; maintenance of adequate diagnostic laboratory facilities for early diagnosis; isolation and provision for treatment in communicable stage of disease; tracing and examination of contacts. It is the legal responsibility of the Health Officer to investigate and trace down the possible source of infection in cases of communicable diseases and to isolate infected persons or quarantine in case of certain diseases.

Does your health department carry on a program of vaccination for smallpox, immunization against diphtheria and whooping cough for all infants and preschool children in your community? Does your health department have a record of all children in the area who have secured such immunization? Are lists of new-born babies kept and parents advised by the health department at what age it is most desirable to have such preventive measures done for the baby?

Does the health officer keep a record of communicable diseases that occur in his district so that he may compare the rate of prevalence with other places?

Tuberculosis, another communicable disease, is not only dangerous to life, but costly in time and money to the individual and the community. The activity in the control of this disease should not be left entirely to the voluntary agencies but is a definite part of the health department's responsibility. A register of tuberculosis cases should be maintained and adequate supervision of cases and the examination of contacts should be a joint responsibility of the health department and the voluntary agency. Testing of individuals and groups by tuberculin tests or X-ray should be carried out for the early diagnosis or evidence of tuberculous infection.

The venereal diseases are another group of dangerous communicable diseases and are prevalent in many areas. The health department

should be interested with other governmental agencies in promoting a program that will prevent the spread of these diseases. The health department should provide diagnostic facilities and should be ready to perform medical examinations of persons suspected of having venereal diseases. Health officers should be responsible for the tracing and examining of persons reported to have been in contact with a case of venereal disease. Records of cases and contacts should be maintained. Drugs for the treatment of these cases are made available to health departments and private physicians through the State Board of Health, and it is the health officer's responsibility to see that infected individuals receive adequate treatment. This is not a theoretical plan of handling the venereal disease problem, but is a program that is being operated on a nation-wide basis in most large and many small communities at the present time.

Venereal diseases have widespread social and moral as well as health implications and while methods for care and treatment of infected persons are the primary responsibility of those engaged in the field of medicine through private practice or public health, the control of these diseases will come about only through coordinated efforts of the social and health agencies.

Rheumatic fever, a disease of children and young adults, has become one of the significant health problems in the field of public health.

In addition to the communicable diseases, there are non-communicable diseases such as cancer, heart diseases, diabetes, and other disabling ailments which might be prevented, postponed or alleviated through the dissemination and use of scientific knowledge.

The casualties resulting from accidents exceeded those from war during recent years. Prevention of accidents through safety regulations and education has become an important function of public health.

Through better understanding in the field of mental health, those engaged in public health are recognizing their responsibilities regarding prevention of mental and emotional disorders.

Maternal and Child Health: The improvement of health is quite as important as the prevention of actual disease. Much can be done to improve health through better nutrition, better habits and healthful living. To protect and improve maternal and child health is one of the important functions of the health department. This aspect of the program offers the greatest opportunities not only for preventive measures, but also for making possible a more vigorous nation.

Every child has the right to be well-born. Not only is it necessary to protect the life and well being of the mother during pregnancy and child birth, and the infant during the first years of life, but it is of paramount importance that an educational program be carried on so that every individual may attain an optimal state of health. If that goal is to be reached, the individual must not only be protected from sickness and disease but he must be in a state of vigorous health. There must be an understanding of the relation of nutrition to growth and development. The meaning of mental health and how it may be attained must be understood. There must be early detection of physical defects

which can be corrected before they become serious handicaps and adequate provisions for the handicapped so that each individual may take his place in society and enjoy life to the fullest in accordance with his potential capacities.

The infant death rate is said to be the best index of community health. The majority of babies who die in the first year of life die before they are one month old. More attention must be given to care of premature babies and better facilities provided for care of mothers and newborn babies if we are to reduce the infant death rate. Much would be done to improve the nation's health if more attention were given to health protection during the period of infancy and pre-school years. To insure protection the infant must be well nourished, have good habits of rest, guidance in behavior, protection against communicable disease and he must be given opportunity to live in healthful environment. The illnesses and handicaps of later life are frequently traced to conditions which arise in the early years of life. In the early years these conditions may often be prevented or they may be corrected before they have resulted in permanent damage.

The public health nurse is one of the most important links in the promotion of public health and the smooth functioning of an adequately staffed health department. It is she who brings the health department directly into the home and interprets to the family not only the function of the health department in the community, but she also assists the family in improving the health conditions in the home. Thus maximum benefits result not only in the home to the family as a whole, but to the community as well. The public health nurse renders a generalized service, serving the family as a unit rather than rendering service to an individual without regard for the home in which he lives and the community in which the home is located. Through the home visits made by the public health nurse all services rendered by the health department will be integrated and made directly available to every individual.

The public health nurse has a dual responsibility; to give nursing care, and to teach healthful living. It may be necessary to render direct nursing service in case of sickness and to teach those in the home how to take care of those who are sick. The nurse will educate the mother in care of the baby by actual demonstrations of bathing and feeding, and give guidance in habit training. Above all, she will strive to emphasize not only prevention and care of sickness but the value and importance of optimal health for every member of the family and how it may be attained.

The school health services are an important aspect of child health protection. The health department and the department of public instruction have joint responsibilities in providing and maintaining health-in-education. There must be a healthful school environment, i.e., school premises kept in sanitary condition, good lighting, heating, ventilation, and a satisfactory water supply, as well as an educational program and activities which make for a health permitting environment. This instruction must be so directed that children develop good habits and at-

titudes and acquire the knowledge regarding personal and community health, which will make them responsible parents and citizens.

If the health of the children in school is to be protected, the teachers and other personnel employed in the schools must be healthy. Complete physical examinations, including a chest X-ray and a blood test, should be required on an annual basis.

Health services must be provided for the schools. These services include at least three or four physical examinations during the school life of the child—from kindergarten through high school. The public health nurses assist in the examinations and followup these examinations through home visits to help solve health problems, and they serve in whatever capacity necessary to protect, maintain or improve the health of the family. It may be necessary for the nurse to assist the family to secure medical or dental care which may be needed.

The teacher has responsibility for every child under her supervision. She must understand the child as a whole and recognize health problems as indicated by deviations from normal in growth, development and behavior as well as physical handicaps or sickness. She should look to the Health Officer and the public health nurse for interpretation and guidance regarding the health problems encountered, but she should assume her responsibility for screening through vision testing, weighing and measuring and general health appraisal of each child. The public health nurse has been trained in special skills and techniques and her services should be planned for the most effective use of her time and the most efficient use of her special skills.

Since the majority of communicable diseases are childhood diseases, the control of these diseases becomes a joint responsibility of school and health authorities.

The school is the hub of the community for all educational programs, including adults as well as children, so through the school health services may be developed some of the most effective public health education. The health department can serve to direct and guide the health education program and the skills of those trained in education can be utilized to make this program function to improve the health and lives of all citizens.

Sanitation: The duties of the sanitarian in the local health department are important and varied, and may be divided into three phases of operation. He is the local representative of the Sanitary Engineering and the Food and Drug Divisions of the State Board of Health and the Livestock Sanitary Board. He works in cooperation with, and upon the advice of the Sanitary Engineer of the State Board of Health. In general, he is responsible for advising the owners concerning proper construction operation, and maintenance of water supply; sewage disposal; garbage disposal and nuisance control. In performing these duties he makes investigations of individual water supplies on private and public property.

In the performance of his work, he evaluates a situation as he sees it, perhaps finds it necessary to collect samples for test and analysis, and has the advantage of information and experience of the State Health

Department staff. Practically every home in the rural areas has its own water supply which is of great importance to the health and well-being of the family. Since a water supply may be the source of illness, it is easily understood that this function is one of great importance.

Public water supplies, such as are found in the various towns and cities, are operated by a trained staff, but there are many occasions on which the local and sanitary officer can assist the water supply staff in the many problems with which they are confronted.

Especially important is the water supply at schools where the school children may be affected by improper water supplies. He will find much to do in this particular problem. He will find much to do, also, in respect to the water supply of tourist camps and recreational camps.

The proper disposal of human sewage is of vital importance in any community, and at private homes, at schools, and in camps. Each situation demands proper facilities which can be built, operated, and maintained only because those in charge have the knowledge of proper methods and structures to be employed. The local sanitary officer or sanitarian, therefore, will find much to do in this connection.

With the spread of rural electrification to our farming areas, there is an increasing number of pressure water systems and water carriage sewage systems, involving plumbing problems among our rural populations. The facilities found in the cities and towns where they have been used for many years are desirable on the farms and wherever people congregate for business or recreation.

The proper type of septic tanks or other sewage treating devices, the proper location of privies and septic tanks, and the proper maintenance of these structures is of such vital importance that much attention must be given to them.

The sanitary officer can assist the town and city officials in the proper operation of municipal sewage disposal systems.

Insufficient attention has been given, in the past, to the proper disposal of garbage from our populations, whether they be on the farm or in our communities. This is an activity logically to be performed by the local sanitary officer.

There are already many swimming pools in the state, and many more are contemplated. These are, if properly constructed and operated, a benefit to the people. There are many sanitary problems connected with such institutions, and the sanitarian finds that he can assist in the proper maintenance of these facilities.

The sanitarian, under the direct supervision of the district health officer, and in cooperation with the Food and Drug Division of the State Board of Health, is charged with the local enforcement of the Food and Drug Act, its food and drug standards, and the sanitary regulations set up by the State Board as authorized by the act.

The sanitarian must inspect all food handling and food manufacturing establishments within his area. These include public eating places, ice cream and soda fountains, taverns, meat markets, bakeries, bottling plants, canneries, and manufacturing confectionaries. He must, if necessary, institute legal proceedings against those places that con-

sistently violate the regulations concerning sanitary practices. Samples of food are collected and sent to the Food and Drug laboratory when necessary.

In addition to the sanitary inspection of the food establishments, the sanitarian is also charged with the inspection of tourist camps and guest lodges, and hotels. This inspection work is concerned with cleanliness of sleeping and living facilities in the establishment. Here again the inspector must, if necessary, institute legal proceedings for flagrant violations of the tourist camp and hotel laws.

The sanitarian is also charged with the enforcement of the Montana Mattress Act of 1941 which states briefly that all second hand mattresses or upholstered furniture must be cleaned and sterilized according to methods prescribed by the State Board of Health.

He is also designated as an official agent of the Federal Food and Drug Administration and by direction of the Director of the Food and Drug Division may investigate interstate shipments for violation of the Federal Food, Drug, and Cosmetic Act.

Local health departments are asked to cooperate with the Montana Livestock Sanitary Board in the enforcement of the state regulations dealing with fluid milk for home consumption. He must collect milk samples from all dairies and where laboratory facilities are not locally available, such samples are sent to the Livestock Laboratory in Helena for analysis and interpretation. He must advise the dairymen as to correct milking and milk handling procedures.

Supplementing the duty of enforcing state laws and regulations is the job of enforcing any local sanitary ordinances which may fall within the scope of the local health department.

The local sanitarian is the contact between the health department and the local businessman, and he supplements the work of the public health nurse in maintaining contact with the general public.

Dental Health: Public health dentistry is regarded as being one of the essential parts of a well-developed health program. The deplorable conditions found on examination of young men under Selective Service revealed the enormous extent of dental caries. It is the responsibility of the health department to carry on a continuous dental health education program and to take such steps as necessary to see that corrective care is available for children in need of such care. Neglect of mouth hygiene definitely affects the health of the individual. Dentistry in public health is essentially a program of children's dentistry as it is only through the care of the teeth and mouth during pre-school and school years that teeth will be preserved and protected in adult life.

Industrial Hygiene: If large industries are located within the area it should be the function of the health department to make such studies as are necessary to see that the working conditions are not detrimental in any way to health of the employees. Industry should be encouraged to develop an adequate medical and dental program for its workers and assist in eliminating health hazards that might arise from employment. Health Education programs in industry may assist greatly in reducing loss of time due to illness.

Health Education: Health practices lag far behind scientific knowledge. Lack of information, prejudices and false attitudes result in failure to understand and adopt good health habits. Every person engaged in public health must be a health educator in the sense that an educational program should be carried on in conjunction with each activity whether that be the care of newborn babies or sewage disposal. The health department through pamphlets, films, news releases, radio, talks and demonstrations carries the message to the citizens at all ages and in all walks of life. Guidance is offered to study groups and for surveys in local areas. The health department personnel serve as technical consultants to school administrators so that the content of health teaching in the schools will be sound. It is through health education in the broadest sense that the individual and the community will gain an appreciation of optimal health and will strive to reach that goal. Through organized social action hazards will be eliminated, and adequate provision made for facilities necessary so that each individual may have the opportunity to enjoy vigorous health.

While the various functions of the health department are reviewed under separate headings, the actual work of those serving in the department cannot be so separated. The ultimate success of each activity and results obtained are contingent upon a well administered program and integration of all services rendered. The health of mothers and babies cannot be protected unless there is a safe water and milk supply and control of communicable disease. The latter cannot be accomplished without full cooperation of the sanitarian.

The staff of the State Board of Health serves in an advisory capacity to the local or district health departments. The State Board of Health has certain responsibilities for general supervision as it has legal jurisdiction over public health activities in the state and is responsible for rules and regulations governing same.

COOPERATION WITH OTHER AGENCIES

Lay Advisory Committee: The law provides for a legally constituted Board of Health, methods of administration and financing as well as qualification of personnel. The Health Officer has certain legal responsibilities also defined under Rules and Regulations of Montana State Board of Health. The duties of personnel employed are specified in the classification of the position as approved by Joint Merit System.

The program as carried out locally must be adapted to meet the needs of the community. It is important that there be ways and means of correlating and integrating health activities of all official and voluntary agencies and groups concerned with health problems so that there may be a united and organized plan for improvement of health. A lay advisory committee with members representing the various agencies can be most helpful in promotion of the program and interpretation of policies and activities. Such committee offers a medium for exchange of ideas, interpretation of program and policies, promotion of program and special activities, and through such committees organized community planning is made possible. Organized community planning for public health activities makes for efficiency and conservation

of time, money and effort. The advisory committee should be organized on a democratic basis to represent cross-section of all related agencies and groups and the members should be appointed by virtue of their knowledge, interest and willingness to give time and effort to fulfill their obligations as committee members.

The committee serves in an advisory capacity rather than an administrative capacity and through such committee the Health Unit can enlist the support of an informed citizenry. Through such committee wide opportunity for participation of both professional and lay groups in the health program is given and makes for pooling of resources in terms of both facilities and personnel.

HOW IS A COUNTY OR DISTRICT HEALTH UNIT OBTAINED?

The law providing the mechanism whereby a health unit may be established will prove to be nothing more than a law written in the books unless the people of the community understand the benefits to be derived through provision of organized public health services, and want such service to the extent that they are willing to pay for it and give it continuous and wholehearted support. The public officials in the county will act in accordance with the wishes of the citizens they serve.

Usually the first interest comes from a few individuals, some public or private agency or some local organization interested in public health. It then becomes the responsibility of that group to stimulate interest, overcome apathy, and create public opinion to support the movement. A small committee may be organized to study the situation and act as a steering committee. This committee may call upon the Director of Rural Health Services of the State Board of Health for interpretation and assistance in formulation of plans for procedure necessary for the establishment of a Health Unit. When such plan has been outlined the membership of the committee may then be extended to include representatives of all official and non-official agencies and organizations in the community which are concerned with promotion of healthful living conditions and health protection. Publicity is given through the local press and talks before various groups so that there will be widespread understanding of the needs. The committee, with help from the State Board of Health, can make a survey of health facilities and needs and give publicity to the findings. The medical and dental societies should be well represented on the committee as the full support of the professional groups is fundamental in the ultimate success of any public health program. The majority of public health activities cannot be carried out effectively unless the local physicians and dentists are participating to the fullest extent through their contacts with individuals in private practice.

It is also important that consideration be given so that adequate facilities will be provided for housing the Health Unit.

When the preliminary work has been done the committee will be in position to meet with the Board of County Commissioners and request that the Board of County Commissioners take such action as is necessary to establish a County or District Unit. A member of the Board

of County Commissioners should be on the original steering committee. The law gives the County Commissioners full power to establish a unit and provide for financing of same.

If plans are to be made for a District Unit it would be necessary to have a steering committee for each county to be included in the district. A joint steering committee with representatives from each county committee should be organized to formulate plans for unified action in each county. Agreements for joint participation of the counties in the district would then be drawn up by the respective Boards of County Commissioners.

The steering committee could well serve as the nucleus for the lay advisory committee described on page 11.

ENABLING ACT FOR COUNTY AND DISTRICT HEALTH UNITS

CHAPTER 171, SESSION LAWS 1945

State board of health authorized to receive grants or moneys from the United States and other agencies.

An Act to Permit the Montana State Board of Health to Receive Grants of Money from the United States, or Agencies Thereof, and from Other Agencies for Use in the Promotion of Public Health; to Provide for the Creation and Supervision of Full-Time County and District Health Departments and for Full-Time County and District Boards of Health; the Employment of Full-Time County and District Health Officers and Other Officers and Employees; Financing and Defining the Duties of Such Health Departments, Boards of Health, Health Officers, and Employees.

Be it enacted by the Legislative Assembly of the State of Montana:

Use of moneys for grants in aid to counties or district health units.

Section 1. The State Board of Health of Montana is hereby authorized and empowered to receive from the United States, or agencies thereof, and from other agencies within and without the state such grants or sums of money as may hereafter be allocated from the United States or agencies thereof, and from other agencies, to the State Board of Health of Montana for the promotion and development of public health work within the state; and to use certain portions of such moneys so received as grants in aid to counties or districts in maintaining full-time county or district health units, the organization of which is herein provided for; and to participate in the creation and supervision thereof as hereinafter provided.

Establishment of full-time county health units.

Section 2. **ESTABLISHMENT OF FULL-TIME COUNTY HEALTH UNITS.** Any county may at the discretion of the county commissioners establish a full-time county health unit and provide for the maintenance of the same under the provisions of this act. A full-time county health unit shall be considered to be a health organization which shall be under the immediate direction of a health officer and other trained personnel who shall be employed by the county board of health with the approval of the state board of health, to devote their entire time to the prevention of disease and the promotion of the public health.

Merger of health service of cities of first class with county health unit.

Section 3. Any first-class city located within a county in which a county health unit is now being maintained or may be organized, by mutual agreement between the municipal government and the county government, may merge its health service with that of the county in which it is located and participate in the fi-

nancial maintenance of the full-time county health unit which shall have full supervision and control over all matters pertaining to the prevention of disease and the promotion of the public health within such city. All matters pertaining to the prevention of disease and the promotion of health in cities, towns and villages, other than first-class cities, which are located in a county maintaining a county health unit, shall come under the jurisdiction of the full-time county health unit.

Section 4. CREATION OF COUNTY BOARDS OF HEALTH.

There shall be created in each county operating a full-time county health unit a county board of health to consist of five (5) members, all of whom shall be qualified electors of the State of Montana and of the county in which they serve. The members of the board shall consist of a county commissioner selected by the board of county commissioners, and four (4) other members, one of whom shall be a doctor of medicine and one of whom shall be a doctor of dentistry, each of whom must be appointed by the board of county commissioners and approved by the state board of health, provided that such members shall not hold any other county office, and further provided that in those counties where first-class cities combine with the county in the maintenance of a county health unit, the board of health shall include as one of the members the city superintendent of schools, and the mayor or one member of the city council to be appointed by the mayor of such participating first-class city. The county health officer shall not be a member of the board of health but shall act as its secretary. Where a board of health consists of five (5) members, one (1) member shall be appointed for one (1) year, one (1) member shall be appointed for two (2) years, one (1) member shall be appointed for three (3) years, one (1) member shall be appointed for four (4) years, and one (1) member shall be appointed for five (5) years, etc., and upon the termination of office, members shall be thereafter appointed for a period of five (5) years. Vacancies which occur on the board of health by reason of death or resignation or for other reasons, shall be filled for the unexpired term of the vacated member and appointments to fill such vacancies shall be made as heretofore specified, and the member or members so appointed shall be approved by the state board of health.

Creation of county boards of health.

Members.

Terms of members.

Vacancies, how filled.

Section 5. ESTABLISHMENT OF DISTRICT HEALTH UNITS.

Two or more adjacent counties and the first-class cities located therein may, when it is so desired by the several political subdivisions, pool their resources to form a full-time district health unit. For the maintenance of such full-time district health unit the cost

Establishment of district health units.

Co-operation
by first-class
cities.

thereof shall be borne by the several participating counties on a basis of assessed valuation of each participating county in proportion to the total assessed valuation of all property within the area included in the district. When first-class cities desire to co-operate in the maintenance of a full-time district health unit, they shall financially co-operate in such amount as may be agreed upon by the governing council or body of the city concerned and the county commissioners for the county in which such first-class city is located. Any funds appropriated for health service by a city which shall participate, in the maintenance of a full-time district health unit shall be paid to the county treasurer who shall disburse those funds as county funds.

Full-time
health unit
construed
to be, what.

A full-time district health unit shall be construed to be a health unit organized to include contiguous territory in one or more adjacent counties; and which shall be under the immediate direction of a health officer and other personnel who shall be employed to devote their entire time to the prevention of disease and the promotion of the public health; provided that it shall be permissible to employ at least one (1) physician on a part-time basis as assistant health officer in each county included in the health district other than the county in which the headquarters of the district health unit are located. The duties of an assistant health officer shall be confined to the diagnosis of communicable disease and such other duties as may be assigned to him by the district health officer.

District boards
of health
created.

Section 6. CREATING DISTRICT BOARDS OF HEALTH. When two or more counties unite in the maintenance of a district health unit, a district board of health shall be created in the following manner: The district board of health shall consist of a member of the county commissioners of each participating county who shall be appointed by the board of county commissioners of each participating county, and additional members not to exceed a total of seven (7) members. In the event one or more first-class cities shall co-operate in the maintenance of a full-time district health unit, the mayor, with the approval of the city council or other governing body of each first-class city so co-operating in the maintenance of a district health unit shall appoint one (1) member to the district board of health. Other members of the district board of health, not to exceed a total of seven (7) members in all, one of whom shall be superintendent of schools, a doctor of dentistry, and another a doctor of medicine, each of whom shall be appointed upon mutual agreement by the governing bodies of the political subdivisions concerned, and, in the case of disagreement, by the state board of health. Members of a district board of health shall be appointed to hold office for a term of

Members.

one (1), two (2), three (3), four (4), five (5), six (6) and seven (7) years respectively, after which the appointments shall be made for a term of seven (7) years. Vacancies, occurring in the district board of health as a result of death, resignation, the termination of office, or for other reasons, shall be filled by appointing body or bodies, as outlined herein above, for the remainder of the term so vacated.

Terms.

Vacancies,
how filled.

The district board of health shall designate the location and provide the office for the district health department and furnish it with the necessary equipment.

Office and
equipment.

Meetings of the district board of health shall be held quarterly at such place as is designated by the board or upon call by the district health officer or the secretary of the state board of health. Members of the district board of health shall serve without compensation but shall be entitled to payment for travel and other necessary expenses incurred while attending meetings of the board of health; provided that in no instance shall travel expenses be paid in excess of five cents (5c) per mile nor subsistence be paid in excess of five dollars (\$5.00) per diem.

Compensation
and expenses
of members.

Section 7. FULL-TIME COUNTY AND DISTRICT HEALTH OFFICERS, PERSONNEL, QUALIFICATIONS, HOW EMPLOYED. Full-time county and district boards of health shall, with the approval of the state board of health, employ a full-time county or district health officer, whose term of office shall be four (4) years, and such other personnel as are needed to efficiently carry on the work of the department. All such personnel employed shall be subject to the rules and regulations of the Joint Montana Merit System Council and shall meet such qualifications as are specified under their respective classifications.

Full-time
county and
district
health officers
—personnel—
qualifications—
how employed.

In the event health officers who are trained in the field of public health cannot be obtained in the State of Montana, the state board of health may recommend for appointment health officers who shall meet the above qualifications and who may be employed from without the state. Any health officer who shall be employed from without the State of Montana shall be a graduate of an accredited medical school and shall be eligible for license to practice medicine within the state.

Employment
of health
officers from
without state,
when.

Section 8. MINIMUM PERSONNEL. The minimum personnel to be employed by a full-time county or district health unit shall consist of a health officer, a clerk, a sanitary inspector and at least one public health nurse for each county participating in the maintenance of a health unit.

Minimum
personnel.

Rules and Regulations.

Section 9. **RULES AND REGULATIONS.** Full-time county and district boards of health may enact such rules and regulations pertaining to the prevention of disease and the promotion of public health in the area over which such respective boards have jurisdiction, but in no instance shall such rules and regulations be less effective than, nor in conflict with, rules and regulations promulgated by the state board of health.

Indigent Sick.

Section 10. **INDIGENT SICK.** In no instance shall a full-time county or district health officer be required to act as physician to the indigent in counties or cities under his jurisdiction. Upon recommendation of the county commissioners to the county or district boards of health he may be placed in supervisory charge of the communicable disease hospitals and such clinics as may be maintained by the county or cities coming under his jurisdiction.

Participation by official and non-official agencies.

Section 11. **PARTICIPATION BY OFFICIAL AND NON-OFFICIAL AGENCIES IN MAINTENANCE OF FULL-TIME COUNTY OR DISTRICT HEALTH UNITS.** Municipalities, school boards and other official or non-official agencies shall be permitted to contribute funds toward the support and maintenance of full-time county or district health units but all public health activities carried out through the use of funds so contributed shall be under the direction of the full-time county health officer.

Finances.

Section 12. **FINANCES.** The county or district boards of health shall submit to the tax levying authorities an annual budget, at least two weeks prior to the date specified by law for setting up official budgets. Funds for operation of full-time health departments shall be derived from the general fund of participating agencies, provided, however, if the general fund is insufficient to meet the approved budget, a levy, not to exceed one (1) mill, may be made on the assessed valuation in addition to all other taxes allowed by law to be levied on such property.

Penalty for violation of act.

Section 13. **PENALTY.** Violation of any of the provisions of this act or of the rules and regulations authorized or outlined herein shall constitute a misdemeanor, and any person adjudged guilty thereof in a court of competent jurisdiction shall be punished by a fine of not less than ten dollars (\$10.00) nor more than five hundred dollars (\$500.00) for each offense or imprisonment in the county jail not exceeding ninety (90) days.

Repeal.

Section 14. **REPEAL.** Nothing in this act shall be construed as repealing any existing law, statute, rule or regulation relating to the protection of the public health not in conflict with or inconsistent with this act.

Section 15. **INVALIDITY.** If any section, subsection, sentence, clause or phrase of this act is, for any reason, held to be unconstitutional, or in conflict with any other section, part, or provision of this act, then the decision of the court shall affect only the section, subsection, sentence, clause or phrase so declared to be unconstitutional or in conflict, and shall not affect any other section, part, or provision of this act. The legislature hereby declares that it would have passed this act and each other section, subsection, sentence, clause and phrase hereof irrespective of the fact that any one or more other sections, subsections, sentences, clauses or phrases to be declared unconstitutional. Separability.

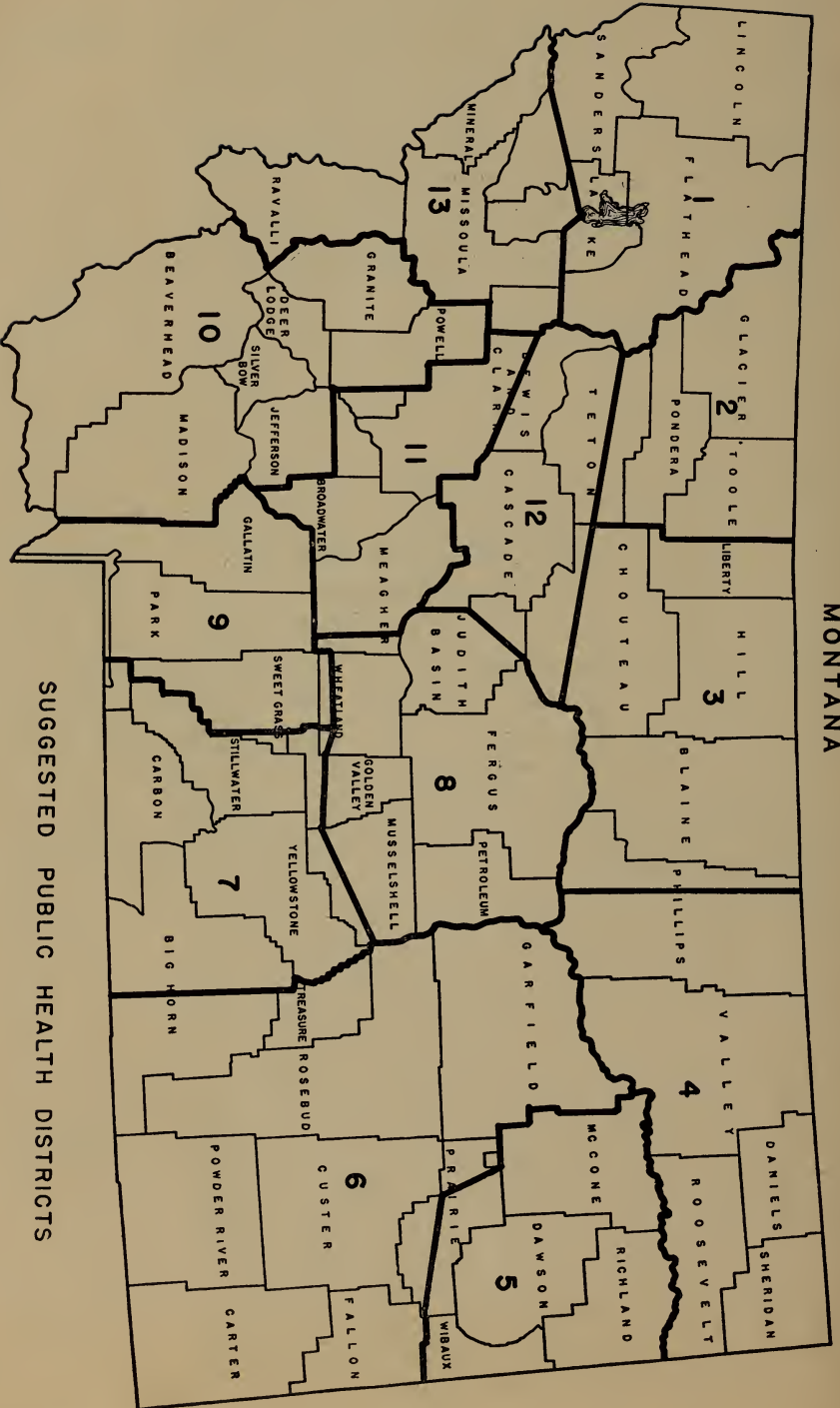
Approved March 5, 1945.

STATE BOARD OF HEALTH

Service Divisions

Administration	Dental Health
Epidemiology and Communicable diseases	Public Health Education
Local Health Administration	Public Health Nursing
Maternal & Child Health and Crippled Children's Services	Sanitary Engineering
Tuberculosis Control	Industrial Hygiene
Hygienic Laboratory	Food and Drug
	Vital Statistics
	Hospital Facilities

MONTANA



SUGGESTED PUBLIC HEALTH DISTRICTS